



THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

HB 699 GRIEF SUPPORT – GRIEF COUNSELING SERVICES WORKGROUP

GOOD AFTERNOON MADAM CHAIR, MR. VICE CHAIR, AND ESTEEMED FINANCE COMMITTEE MEMBERS. I AM HERE TO ASK YOUR FAVORABLE CONSIDERATION OF HB 699, A MUCH NEEDED INITIATIVE TO PROVIDE GRIEF SUPPORT SERVICES FOR THOSE WHO HAVE LOST A LOVED ONE TO SUICIDE OR A FATAL OVERDOSE. BEREAVEMENT EXPERTS REFER TO THIS AS TRAUMATIC LOSS.

THE BILL DOES TWO THINGS:

FIRST, IT ADDS TO THE LIST OF ALLOWABLE EXPENDITURES UNDER THE OPIOID RESTITUTION FUND BY AUTHORIZING SUPPORT THROUGH THE OFFICE OF THE CHIEF MEDICAL EXAMINER AND THE BEHAVIORAL HEALTH ADMINISTRATION TO INCLUDE GRIEF COUNSELING SERVICES AND RESOURCES ON GRIEF.

THIS IDEA WAS BROUGHT TO ME BY JOHNS HOPKINS RESEARCHERS WHOSE LIFE'S WORK IS TO BETTER UNDERSTAND AND THEREBY PREVENT DEATH BY SUICIDE AND OVERDOSE, WHICH THEY MORE BROADLY REFER TO AS SELF-HARM.

THE SECOND THING THE BILL DOES IS CREATE A WORK GROUP THAT WILL BE COORDINATED BY THE UNIVERSITY OF MARYLAND SCHOOL OF PUBLIC HEALTH IN CONSULTATION WITH BHA AND THE MD PSYCHOLOGICAL ASSOCIATION.

THE WORK GROUP WILL MAKE RECOMMENDATIONS TO THE GENERAL ASSEMBLY FOR MODEL PROGRAMS FOR SURVIVORS OF TRAUMATIC GRIEF AND WILL CONSIDER THE FOLLOWING:

- USES OF THE OPIOID RESTITUTION FUND TO IMPROVE THE REACH AND QUALITY OF TRAUMATIC GRIEF CARE AND POST-INTERVENTION EFFORTS;
- OCME STAFFING LEVELS INCLUDING REQUIREMENTS FOR EXISTING STAFFING;
- PROGRAM EVALUATION DATA FROM MEDICAL-EXAMINER AFFILIATED GRIEF PROGRAMS ACROSS THE COUNTRY AND NATIONAL POST-INTERVENTION SERVICES; AND
- DATA FROM ANY NEEDS ASSESSMENTS IN THE STATE FOCUSED ON SURVIVORS OF TRAUMATIC GRIEF AND THEIR INTERACTIONS WITH OCME. THE GROUP WILL REPORT ITS FINDINGS BY NOV. 1, 2022

HOUSE AMENDMENTS: MARYLAND RESEARCHERS BELIEVE THAT GRIEF SUPPORT SERVICES ARE A NATURAL FIT WITHIN OCME SINCE THAT AGENCY IS DEALING WITH FAMILIES AND OTHER LOVED ONES IN THE AFTERMATH OF DEATH BY SELF-HARM. IMPORTANTLY, THE RESEARCHERS ALSO ADVOCATED FOR OCME EMPLOYEES TO BE ABLE TO ACCESS THIS MUCH-NEEDED SUPPORT BECAUSE THE WORK THEY DO IS SO INTENSE AND TAKES AN EMOTIONAL TOLL. NEW MEXICO HAS A MODEL GRIEF SUPPORT PROGRAM WITHIN ITS OFFICE OF CHIEF MEDICAL EXAMINER AS DOES THE CITY OF PHILADELPHIA.

THE BILL WAS AMENDED IN COMMITTEE TO ADD THE WORK GROUP IN RECOGNITION OF THE STAFFING AND OTHER CHALLENGES IN OCME. THE PROGRAM ADDRESSES A UNIQUE TYPE OF LOSS AND IS NEEDED BUT WE WANT TO GET IT RIGHT.

SUICIDE WHILE THE STATE OF MARYLAND HAS THE FOURTH LOWEST SUICIDE RATE IN THE COUNTRY, OUR SUICIDE RATE HAS INCREASED 19% FROM 9.1 TO 10.8 DEATHS PER 100,000 POPULATION BETWEEN 2015 AND 2019. IN 2018, SUICIDE WAS THE 11TH LEADING CAUSE OF DEATH IN MARYLAND AND THE SECOND-LEADING CAUSE OF DEATH AMONG 10- TO 24-YEAR-OLDS IN THE UNITED STATES.

COUNTLESS MARYLAND FAMILIES HAVE EXPERIENCED THE DEVASTATING LOSS OF A LOVED ONE BY SELF HARM. EVEN THOSE WITH STRONG SUPPORT SYSTEMS MAY HAVE NO ONE EQUIPPED TO HELP THEM AND MAY NOT KNOW WHERE TO TURN. THAT IS WHERE GRIEF SUPPORT SERVICES COME IN.

I URGE THE COMMITTEE TO GIVE HB 699 A FAVORABLE REPORT.